

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10509140

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4		3					54						
5		3					55						
6		8					56						
7		8					57						
8		8					58						
9		8					59						
10		8					60						
11		8					61						
12		8					62						
13		8					63						
14							64						
15							65						
16							66						
17							67						
18							68						
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39							89						
40							90						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓			↓	TOTAL IND.	↓		↓			↓
TOTAL DEP.	←	35	←			←	TOTAL DEP.	←		←			←
TOTAL CLAIMS		36					TOTAL CLAIMS						